

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**AMENDED CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**

Case

**21-CA-279637**

Date Filed

**07-08-2021****INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

<b>1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT</b>			
a. Name of Employer Angelica Linen		b. Tel. No. 678.823.4114	
		c. Cell No.	
		f. Fax No.	
d. Address (Street, city, state, and ZIP code) 300 E. Commercial Drive Pomona, CA 91766		e. Employer Representative John Partridge VP, Treasurer & Labor Relations	
		g. e-Mail jpartridge@angelica.com	
		h. Number of workers employed 50+	
i. Type of Establishment (factory, mine, wholesaler, etc.) Linen		j. Identify principal product or service Linen Distributor	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) <u>8(a)(1) and (5)</u> of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six (6) months, the above-named Employer has violated the Act, by among other acts, refusing to follow the grievance procedure in the parties' collective bargaining agreement.			
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Teamsters Local Union No. 952			
4a. Address (Street and number, city, state, and ZIP code) 140 South Marks Way Orange, CA 92868		4b. Tel. No. 714.740.6200	
		4c. Cell No.	
		4d. Fax No. 714.978.0576	
		4e. e-Mail	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Brotherhood of Teamsters			
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. 818-501-8030	
By <u>Amanda Lively</u> (signature of representative or person making charge)		Office, if any, Cell No. Ext. 326	
Amanda Lively, Attorney (Print/type name and title or office, if any)		Fax No. 818-501-5306	
Address 16501 Ventura Blvd., Suite 304, Encino, CA 91436		e-Mail alively@wkclegal.com	
		7/8/2021 (date)	

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.